



Applicant:

Tadamitsu KISHIMOTO, et al.

Title:

CHRONIC RHEUMATOID ARTHRITIS THERAPY CONTAINING

IL-6 ANTAGONIST AS EFFECTIVE COMPONENT

Appl. No.:

09/756,125

Filing Date:

01/09/2001

Examiner:

G. Ewoldt

Art Unit:

1644

Confirmation No.:

6506 -

AMENDMENT TRANSMITTAL

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
-] Assertion of Small Entity status is enclosed.

The fee required for additional claims is calculated below: [X]

	Claims				Extra				
	As		Previously		Claims				Additional
	Amended		Paid For		Present		Rate		Claims Fee
Total Claims:	7	-	20	=	0,	х	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$200.00	=	\$0.00
First p	resentation	of an	y Multiple l	Depen	dent Claims:	+	\$360.00	= .	\$0.00
					CLAIMS	FE	E TOTAL	= -	\$0.00

[X] Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[] Extension for response filed within the second month:	\$450.00	\$0.00
[X] Extension for response filed within the third month:	\$1,020.00	\$1,020.00
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION	FEE TOTAL:	\$1,020.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER	FEE TOTAL:	\$1,020.00
] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Pr	reviously Paid:	\$0.00
	TOTAL FEE:	\$1,020.00

A credit card payment form in the amount of \$1,020.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicants hereby petition for such extension under 37 C.F.R. §1.136 and authorize payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 23, 2007

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Bv

Stephen B. Maebius

Attorney for Applicants

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